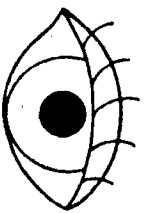


Name _____

Using Your Senses

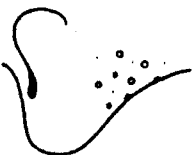
Seeing



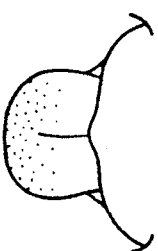
Hearing



Smelling



Tasting



Touching

